



ISLAND COMMUNITY
MENTAL HEALTH

Is Your Application Complete?

Before sending in your Application for accommodation, have you:

- Completed your Application in full
- Enclosed a copy of “Notice to End a Residential Tenancy”, if applicable?
- Attached verification of your income, please provide one of the following:
 - Last year’s tax return
 - Copy of Pension cheque stub;
 - Copy of Income Assistance cheque stub;
 - Three consecutive months of bank statements
- Signed the declaration on last page

PLEASE NOTE THAT YOU MUST CONTACT OUR OFFICE SHOULD THERE BE A CHANGE IN THE INFORMATION LISTED HERE SO YOUR FILE CAN BE UPDATED. PLEASE CONTACT OUR OFFICE ONCE A YEAR TO ENSURE YOUR APPLICATION STAYS ACTIVE.



ISLAND COMMUNITY
MENTAL HEALTH

125 Skinner Street
Victoria, BC, V9A 6X4

APPLICATION FOR INDEPENDENT HOUSING

- Non-Subsidized Housing Subsidized Housing
 Family Housing Pet-Friendly Housing

***PLEASE NOTE ALL OF OUR BUILDINGS AND GROUNDS ARE NON SMOKING**

Date: _____

A. Applicants:

Last Name:	First Name:	Birthdate: (d/m/y)	Home Ph: Work Ph:
Last Name:	First Name:	Birthdate: (d/m/y)	Home Ph: Work Ph:
Address: (Suite number, Street, City, Province and Postal Code)			
Email:			



ISLAND COMMUNITY
MENTAL HEALTH

B. Household Composition: *(List any other persons in your household who will be living with you)*

Full Name (surname first)	Birthdate (d/m/y)	Sex	Relationship to Applicant

C. Special Requirements:

Do you require assistance in case of an emergency?

- Yes
- No

Wheelchair Requirements?

- Yes
- No



ISLAND COMMUNITY
MENTAL HEALTH

D. Residency History: Please list three Landlords as references.

Address	From Date	To Date	Name of Landlord	Landlord Phone Number

E. Income Information: *(List Gross Monthly Income for all members of this household, from all sources.)*

First Name	Source of Income <i>(PWD, Pension, Employment, ect.)</i>	Gross Monthly Income



ISLAND COMMUNITY
MENTAL HEALTH

F. Assets: *(Please list current value of all assets held by you and members of this household.)*

Cash/Bank Balance: _____

Stocks/Bonds/Term Deposits: _____

Value of Real estate Owned: _____

G. Do you own:

Vehicle:

Yes Make _____ Colour _____

Year _____ Licence Plate # _____

No

Pets:

Yes:

If yes, please specify number and type: _____

No



ISLAND COMMUNITY
MENTAL HEALTH

DECLARATION: PLEASE READ AND SIGN THIS AGREEMENT

The information provide on this application is true to the best of my knowledge.

This application does not constitute an agreement on the part of ICMH to provide rental housing.

Signing this application also gives ICMH consent to contact references provided.

Signed: _____ Date: _____

Signed: _____ Date: _____

Reviewed by: _____ Date: _____
ICMH Representative